GEAR UP RECOMMENDATION FORM

Applicant's Name					
To the Recommender: The person above had applied for a tut reference. We know the effort that can go into filling out a recollege feel free to use a casual style in your responses if that n	commendat	ion form	, and we a	ppreciate yo	
Recommender's name					
Address			_		
City State	Zip Code				
Telephone ()					
Position How many years have yo	ou known tł	ne applic	ant?		
How do you know the applicant?					
What days and times are best for us to discuss this applicant?_					
Please rate your responses to the following statements:					
In my experience, this applicant:	strongly			¥	strongly
is reliable and conscientious in his/her approach to a task. can work well under stress. responds well to direction & instruction from supervisors. is thorough in his/her approach to a project. can work independently once the desired outcome is known. is detail-oriented. likes to take the role of the leader. is flexible in adjusting to work schedules and assignments. Please briefly describe your view of the applicant with regard others towards a common goal.	agree 1 1 1 1 1 1 1 to his/her a	2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3	4 4 4 4	disagree 5 5 5 5 5 5 5 5 creatively with
What do you feel the applicant does best in a work setting?					
Please discuss any other characteristics or attributes of the app the possibility of entrusting a group of children to the care and				ar in mind v	vhile considering
Signature of Recommender	Date				
Please return to: Danielle Hawkins Senior Coordinator for GEAR UP • College	ge of Healtl	n Educati	on and Pro	ofessional S	tudies •

Danielle Hawkins, Senior Coordinator for GEAR UP • College of Health Education and Professional Studies • Department 4405 • University of Tennessee at Chattanooga • 540 McCallie Avenue • Chattanooga, TN 37403-2598 (423) 425-5386 • Fax (423) 425-2272 • e-mail Danielle-Hawkins@utc.edu